



On Jun 1, 2017, at 2:55 PM, Forsman Lea <LEA.FORSMAN@dhsosha.state.or.us> wrote:

Hello Chad and Jeff,

The Mental Health Parity committee needs access to KEPROs medical necessity criteria that are being used for all OHP MH benefits in order to establish that we are in compliance with CMS 2333-F. Jeff could you please send me the medical necessity criteria that you are using when making PA determinations? We may need other info as well and will ask for that as needed.

If you could turn these to me by late next week we would be much obliged.
Thanks so much!

Lea

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From: Jeffrey McWilliams
To: [Forsman Lea](#); [Scott Chad D](#); [Katrina Lee](#); [Maggie Klein](#)
Subject: SRTF criteria-Jeff
Date: Friday, June 2, 2017 3:09:24 PM
Attachments: [SRTF criteria-Jeff.docx](#)

Lea,

Here is the current consensus document for SRTF admission criteria. Please be aware that this is very much a living document and a work in progress. You will note that the criteria are quite stringent. They were developed with an eye toward the client's rights.

Jeff

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Kepro Coverage Criteria for payment of services in settings licensed as secure.

Secure Residential Treatment Facility (SRTF) means any Residential Treatment Facility, or portion thereof, approved by the Division that restricts an individual's exit from the setting through the use of approved locking devices on individual exit doors, gates, or other closures.

This criteria is used to determine appropriateness for referral to SRTF and to authorize admission and continued stay for the purposes of Medicaid reimbursement.

Area 1: Legal

Age 18 or over; and
Been diagnosed with a chronic mental illness as defined in ORS 426.495; and
one of the following:

- (1) Under current civil commitment; or**
- (2) Under the jurisdiction of the Psychiatric Security Review Board; or**
- (3) Under an aid and assist order**

Area 2: Current Level of Care Criteria – Person must be in one of the following levels of care or on a planned diversion from a hospital level of care

- (1) Transitioning from the Oregon State Hospital; or**
- (2) Acute Care Hospital; or**
- (3) On a planned diversion from hospitalization**

Area 3: Determination of Need - A determination that the individuals served, or proposed to be served, have a history of behavioral concerns involving threats to the safety and well-being of themselves or others. Determination is based on documentation from a *licensed healthcare provider* that ***within 15-days of transfer*** the person has:

- (1) Attempted suicide or engaged in intentional physical self-harming behaviors, or substantial concern for suicidal ideation; or**
- (2) Communicated as a serious expression of intent to inflict bodily harm upon another person or has physically assaulted another person due to the symptoms of a mental illness; or**

- (3) Demonstrated an inability to care for his/her basic needs without substantial assistance and the lack of self-care abilities places that person at risk of developing or exacerbating a severe health condition; or**
- (4) Due to the symptoms of a mental illness, the person will not remain in a place of service for the time needed to receive the services and supports necessary to resolve the symptoms of a mental illness that pose a threat to the person's safety and well-being.**

Coverage Limitations

Authorization for admission to a secure setting and reimbursement for services rendered in a secure setting may not exceed 90 days.

At 90 days, authorization for continued stay is required.

Continued Stay Criteria

Kepro will determine re-authorization and authorization of continued stay using the following criteria:

- (1) The recipient continues to meet all basic elements for admission to an SRTF and Medicaid administrative rule for medical appropriateness; *and***
- (2) One of the following:**
 - a. Documentation that the treatment provided is resulting in measurable clinical outcomes but that the recipient is not sufficiently stabilized or yet developed the skills necessary to support transition to a less restrictive level of care; *or***
 - b. The recipient has developed new or worsening symptoms or behaviors that require continued stay in the current level of care.**

Requests for continued stay based on these criteria shall include documentation of ongoing re-assessment and necessary modification to the current treatment plan or residential plan of care.

SRTF Determination Worksheet

Area 1: Legal	
Age 18 or over	
Been diagnosed with a chronic mental illness as defined in ORS 426.495	*
Under current civil commitment	*
Under an aid and assist order .370	
Under PSRB jurisdiction	
Total	
Required	3
Area 2: Current Level of Care	
Oregon State Hospital	
Acute Care Hospital	
Planned Diversion	
Total	
Required	1
Area 3: 15 day determination of need	
Attempted suicide or engaged in intentional physical self-harming behaviors, or substantial concern for suicidal ideation	
Communicated as a serious expression of intent to inflict bodily harm upon another person or has physically assaulted another person due to the symptoms of a mental illness	
Demonstrated an inability to care for basic needs without substantial assistance and the lack of self-care abilities places that person at risk of developing or exacerbating a <u>severe</u> health condition	
Due to the symptoms of a mental illness, the person will not remain in a place of service for the time needed to receive the services and supports necessary to resolve the symptoms of a mental illness that pose a threat to the person's safety and well-being	
Total	
Required	1

*- Both age 18 or over and presence of a chronic medical illness are required

Signature of Reviewer	
Date of Review	